

Facilities Development Division Payment FormOSH-AD-367
(New 5/97)*This form is to be used to remit payment for the fee(s) listed below.*

Facility Name	OSHDP Facility I.D. Number
Contact Person	Phone Number

Please check appropriate box:
☐ Annual Building Permit: Project # (if applicable) _____

☐ Plan Review Application Project # (if applicable) _____

Scope of Work: _____

☐ Further Fee: Project # _____ Invoice # _____

☐ Radiology Fee: Project # _____ Invoice # _____

☐ Inspector of Record Certification Examination/Application Fee

☐ Anchorage Pre-Approval Program

☐ Other _____

***Return /Fax To: Office of Statewide Health Planning and Development
Division of Administration
Accounting Section
1600 Ninth Street, Room 450
Sacramento, California 95814
(916) 653-0730 FAX (916) 654-3200***

☐ Check and/or Money Order

☐ Visa

☐ MasterCard

☐ Discover/Novus

☐ American Express

Account number (please print clearly)

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Expiration Date (MM/YY)

Cardholder Signature _____